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ABSTRACT

This digest discusses the problems that service providers and family members from different cultural backgrounds may encounter when planning for students with disabilities. It begins by identifying the following assumptions that underlie a clinical perspective of disability: disability is a physical phenomenon, disability is an individual phenomenon, disability is a chronic illness, and disability requires remediation or fixing. It then presents a cultural reciprocity process in which service providers develop their own cultural self-awareness in order to recognize the cultural underpinning of their professional practices. The steps of the process are described and include: (1) identify the cultural values in your interpretation of a student's difficulties or in the recommendation for service; (2) find out whether the family members being served recognize and value your assumptions, and if not, how their views differ from yours; (3) acknowledge and give explicit respect to any cultural differences identified, and explain the cultural basis of your assumptions; and (4) through discussion and collaboration, set about determining the most effective way of adapting your professional interpretations or recommendations to the value system of the family. The digest closes with identifying the cultural assumptions underlying the Individuals with Disabilities Education Act, including individualism, choice, and equity. (CR)

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By

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Cultural Reciprocity Aids Collaboration with Families

Cynthia Warger

The tension between Jim and Annette is obvious. Jim is a new transition coordinator assigned to work with Annette's son, Renaldo, who has Down syndrome. A fervent believer in self-determination for students with disabilities, Jim has been trying unsuccessfully to convince Annette that Renaldo should move into a group home after graduation. Annette has flatly refused to even consider the move. Jim attributes her resistance to overprotectiveness, but this could not be farther from the truth.

Annette wants Renaldo to develop into manhood. It's just that she was raised to believe that a child's first step to adulthood is to become a full-fledged family member by contributing to the family income. She doesn't understand why Jim thinks his way is better—after all, this arrangement is working well for her other son and his wife, who have almost saved enough for a down payment on their own home.

This can be typical of what happens when a service provider and family member from different cultural backgrounds meet for the first time. If the parent's perspective of the world is similar to the service provider's, then a positive connection generally occurs. However, if the parent holds a belief system different than the service provider's, difficulties typically arise. The source of the difficulty may be different points of view that are defined and limited by cultural orientation.

Helping families and service providers—including teachers, related service providers, paraeducators, and others—from different cultural orientations find mutual ground for communication has been the focus of a substantive body of work conducted by University of Miami researcher, Beth Harry, and her colleagues Monimalka Day and Maya Kalyanpur. To be successful at this, service providers must take the initiative in building a bridge between the cultures of diverse families and the culture of schools. Harry and her colleagues advocate that professionals initiate a two-way process of information sharing and understanding called cultural reciprocity.

About Cultural Reciprocity

According to Harry, stumbling blocks often arise when service providers and families do not recognize and accept the other's culture. Consider the assumptions that may be made about a disability. Western culture typically views disability from a clinical perspective. The following four assumptions underlie a clinical perspective of disability:

- Disability is a physical phenomenon.
- Disability is an individual phenomenon.
- Disability is a chronic illness.
- Disability requires remediation or fixing.

Other cultures may view disability quite differently. For example, the following assumptions about disability contrast sharply with the medical or clinical model:

- Disability is a spiritual phenomenon.
- Disability is a group phenomenon (e.g., the family and society are causal agents).
- Disability is a time-limited phenomenon.
- Disability must be accepted, which affects whether the family seeks intervention.

Thus, while a service provider may view disability as a physical phenomenon—something that can be measured and treated in a scientific way—a parent may, as a result of cultural background, view disability as a blessing or a punishment to be treated by spiritual means. Unless the service provider recognizes his or her own assumptions in the context of this interchange, he or she may judge the parent as irrational.

A premise of the cultural reciprocity process is that service providers must develop their own cultural self-awareness in order to recognize the cultural underpinnings of their professional practice. This, in turn, facilitates conversations with the families with whom they interact and enables them to better identify the values and beliefs that underlie the family's priorities, goals, and visions for their child.

In the cultural reciprocity process, each step informs the others. The steps and an example from Harry's research are presented below:

Step 1: Identify the cultural values in your interpretation of a student's difficulties or in the recommendation for service.

Example: Imagine that you have recommended that a young adult with developmental disabilities move out of the family home into a small group home or supported apartment. Ask yourself which values underlie your recommendation. For many of us, central to our recommendation will be the values of equity, independence, and individuality. Next, analyze your experiences that contributed to your holding these values. Consider the role of nationality, culture, socio-economic status, and professional education in shaping your values.

Step 2: Find out whether the family members being served recognize and value your assumptions, and if not, how their views differ from yours.

Example: Imagine that the family members do not consider a group home an option for their child. Here are some possible reasons for their position. They view adult independence as either marriage or bringing in an income adequate to support other family members. Thus, family members do not view living independently as a milestone to adulthood for any of their children—including their young adult child with developmental disabilities. In fact, an older sister and her husband live in the home. Finally, the family may perceive equality differently for the child with a disability, either in terms of vulnerability or in relation to values (e.g., individuality is not highly valued in the culture or family).

Step 3: Acknowledge and give explicit respect to any cultural differences identified, and fully explain the cultural basis of your assumptions.

Example: After listening to the family's response, share any value differences held by yourself and mainstream professionals. Using the example of the young adult with developmental disabilities, this might mean explaining how and why U.S. society values and defines independence. You might share some of the benefits other families and adult children have experienced with residential group homes. By explaining your views from a cultural perspective, you allow the family to understand the basis for your recommendations.

Step 4: Through discussion and collaboration, set about determining the most effective way of adapting your professional interpretations or recommendations to the value system of this family.

Example: Although the family may not want out-of-home placement for the child, they may have other needs. The challenge becomes one of working out a solution that respects the family system while at the same time providing other types of support they will need. In this example, the family has identified that it values children who contribute income toward the family. Thus, you might suggest pursuing Social Security Disability income or focus on employment opportunities for the individual with disabilities. Or, you might investigate whether home renovations might be undertaken that result in a semi-independent living arrangement within the family home.

"Not understanding how culture influences our assumptions about disability can have serious implications" says Harry. She found one example in Puerto Rico where people tend to view disabilities as more severe conditions. That is, less severe, high incidence disabilites, such as mild learning disabilities, are often not seen as disabilities, but simply as individual characteristics within the normal range. Harry reported that when parents from Puerto Rico realized that their views were not valued by Anglo service providers, they stopped participating in their child's educational process.

Take the First Step

Cultural reciprocity facilitates conversations with families that can identify the values and beliefs that underlie priorities, goals, and visions for the child. As service providers learn about themselves and the families with whom they work, the families also acquire knowledge about the special education system that may enable them to make better-informed decisions about services. An observed outcome of cultural reciprocity is more positive relationships and more reasonable goals that eventually are implemented.

Implementing cultural reciprocity begins when a service provider takes the first step—to identify the values that are embedded in his or her own interpretation of a student's difficulties or in the recommendation for service. The learning process requires a commitment to seek understanding, at every interaction, of ourselves and the families we serve.

Cultural Assumptions Underlying the Individuals with Disabilities Education Act (IDEA)

Individualism in IDEA:

IDEA provides that each child is entitled to a free appropriate public education. This principle is based on the assumption that the individual, not society, comes first; thus, there is an individual focus for all education service programming and due process. Further, the assumption is that children will develop the skills they need to acquire a job and become independent, productive citizens.

Choice in IDEA:

Choice is embedded in IDEA in the principles of least restrictive environment and parent participation. Tension exists when schools seek to limit the continuum of services offered or available resources that parents may choose from.

Equity in IDEA:

Underlying the principles of zero reject, nondiscriminatory assessment, and parent participation in IDEA is the value of equity. Excluding students with disabilities is perceived as a discriminatory act.

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